

Data Sheet

USAID Mission:	Burundi
Program Title:	Health
Pillar:	Global Health
Strategic Objective:	695-008
Proposed FY 2004 Obligation:	\$880,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2005 Obligation:	\$1,731,000 CSH
Year of Initial Obligation:	FY 2003
Year of Final Obligation:	FY 2005

Summary: This objective focuses on expanding and enhancing services and systems in health, water and sanitation. A phased and targeted approach will lead to the expansion of activities into more provinces and will also ensure gender-sensitive approaches to programming.

Inputs, Outputs, Activities:

FY 2004 Program:

Increased Availability of Client-Oriented Health Services: (\$880,000 CSH). The USAID program which is training traditional birth attendants and strengthening polio elimination efforts as part of the global effort, will continue in 2004. Security and lack of infrastructure are challenges to improving health services in Burundi. Rebuilding the service structure will be a challenge for all donors as well as the government of Burundi. USAID will design a new program to continue to expand the availability of basic services in the health sector by focusing on Maternal Child Health and child survival interventions proven to reduce morbidity and mortality. Emphasis will continue on expanding routine immunizations, prevention and control of malaria through use of an appropriate anti-malarial drug, the increased use of insecticide treated bed-nets, use of intermittent preventive treatment in malaria during pregnancy, control of diarrheal diseases and acute respiratory infections. Funds will support training of health workers in new malaria treatment protocols, supervision, and sentinel surveillance for epidemic malaria. Due to continued conflict, population displacements, and epidemics of malaria, measles, cholera, and meningitis, there is the need to strengthen integrated disease surveillance and response, and to develop Burundian capacity to identify and respond to disease outbreaks. Efforts will be made to reduce maternal deaths associated with pregnancy and delivery by the training of traditional birth attendants and provision of traditional birth attendant kits. Selected sites may be upgraded to provide emergency obstetric care. Standard operating procedures established and service guidelines put into place will improve approaches to care. Quality assurance systems, to include supervision and appropriate service referrals, will improve the quality of care.

Humanitarian assistance efforts will continue to improve access to safe water and sanitation to complement the expansion of access to key health services by reducing vulnerability to disease linked to environmental causes.

Principal contractors and grantees: United Nations Children's Fund (UNICEF); Population Services International; CARE; Africare; and World Relief. New principal implementers may be determined during the design phase of the health program in FY2004.

HIV/AIDS and Infectious Disease Prevention, Care, and Support Programs Expanded: (funds provided through the regional program based in Nairobi). The program, which is already in all provinces in Burundi, will expand the number of points of sale of condoms, reaching groups at high risk of infection and increasing awareness and influencing behavior change in these groups. Training of peer educators in the most vulnerable groups, such as prostitutes, truck drivers and young people will be expanded. Education of the public through radio, workshops, music concerts, and posters will be increased in an effort to reach

all parts of the country which have been inaccessible during the conflict. Voluntary testing and counseling services and referrals for care will be expanded, strengthened and standardized. Community-based care and support programs will be established to enable communities and families to care for HIV/AIDS-infected individuals and mitigate the impact of HIV/AIDS on orphans and families. Principal implementers will be Population Services International and Family Health International.

FY 2005 Program:

Increased Access to Basic Social Services: (\$1,731,000 CSH): If democratic elections are held as scheduled, USAID plans to work with the Ministry of Health to strengthen the national health services, and provide commodities, technical assistance and training to support routine and polio vaccinations, prevention of infectious diseases and integrated disease surveillance and response; expand the availability, range and quality of essential services in rural areas; involve communities in managing basic services responsive to community needs; and improve community health awareness and health-seeking behaviors. Activities will also work to increase the delivery of services in rural areas, strengthen public-private sector partnerships in service delivery, and develop mechanisms to increase community knowledge, ownership and management of service programs. Outputs will include trained personnel in health clinics and voluntary counseling and testing centers, expanded peer education, and widely available condoms. More trained providers in provincial and community-level health service facilities will offer maternal and child health services and stock a supply of essential drugs and commodities. An increased number of safe water and sanitation facilities will be accessible. With Displaced Children and Orphan Funds (DCOF), USAID will address the needs of vulnerable children who have been orphaned and traumatized during the conflict, some as recruits in the rebel forces. Principal implementing partners to be determined.

HIV/AIDS and Infectious Disease Prevention, Care, and Support Programs Expanded. With funding provided through the regional program based in Nairobi, the program in condom distribution will incorporate the ABC approach, expand the number of points of sale in all provinces in Burundi, reaching groups at high risk of infection, including male and female adolescents, and increase awareness and influencing behavior change in these groups. Training of peer educators in the most vulnerable groups, such as prostitutes, truck drivers and young people may be expanded. Education of the public through radio, workshops, music concerts, and posters may be increased in an effort to reach all parts of the country which have been inaccessible during the conflict. Voluntary counseling and testing (VCT) services may link up with faith-based organizations and incorporate the ABC approach, and referrals for care may be expanded, strengthened and standardized. Mother to child transmission activities may be incorporated into the VCT centers. Community-based care and support programs may be established to enable communities and families to care for HIV/AIDS-infected individuals and mitigate the impact of HIV/AIDS on orphans and families. This program may establish pilots for Anti-retroviral treatment, for later expansion. Principal implementers will be Population Services International and Family Health International.

Performance and Results: The ongoing regionally-funded HIV/AIDS prevention program has grown despite insecurity in the countryside. HIV/AIDS education was accomplished through several formats where people were recruited and trained to be peer educators who train others; 72 community leaders participated in a workshop on HIV/AIDS awareness; and 10,395 vulnerable people attended HIV/AIDS educational presentations. Four radio spots on the theme “you can’t tell by looking,” were aired on six stations, as well as six transmissions of AIDS educational programs, while 20,000 posters and stickers were displayed in public areas. UNICEF trained 1043 (99 %) of the targeted number of 1050 traditional birth attendants and supplied them with kits for hygienic deliveries. Preparations were made to launch the Roll Back Malaria Plan, to initiate a Behavior Surveillance Survey, assess voluntary counseling and testing services, and to collaborate on monitoring and evaluation. The groundwork was laid for a Maternal Child Health program which includes malaria prevention through insecticide treated bednets, maternal child nutrition through micronutrient intake, diarrheal disease prevention through improved hygiene, increased practice of Oral Rehydration therapy, and use of Oral Rehydration Solutions, and increased immunization coverage.

By the end of the strategic objective period, essential maternal and child health and HIV/AIDS services will be available at the provincial level both through public and NGO sector health care facilities and through community-based practitioners. More communities will have in place systems to ensure safe water and sanitation to reduce vulnerability to disease. A broad package of basic MCH and HIV/AIDS services that can be accessed on a regular basis will have been developed and established in a number of provinces.

US Financing in Thousands of Dollars

Burundi

695-008 Health	CSH
Through September 30, 2002	
Obligations	0
Expenditures	0
Unliquidated	0
Fiscal Year 2003	
Obligations	750
Expenditures	2
Through September 30, 2003	
Obligations	750
Expenditures	2
Unliquidated	748
Prior Year Unobligated Funds	
Obligations	0
Planned Fiscal Year 2004 NOA	
Obligations	880
Total Planned Fiscal Year 2004	
Obligations	880
Proposed Fiscal Year 2005 NOA	
Obligations	1,731
Future Obligations	0
Est. Total Cost	3,361